

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	20	5/15
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final Original	
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Cancelled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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